

APPENDIX – 1  
DEPARTMENT OF PESTICIDE REGULATION PERMISSION FORM  
FOR REQUEST TO SAMPLE ON A PROPERTY



# Department of Pesticide Regulation



Mary Ann Warmerdam  
Director

Arnold Schwarzenegger  
Governor

Date \_\_\_\_\_

County \_\_\_\_\_

The Department of Pesticide Regulation requests permission to enter your property and obtain **Well Water Samples**. You are not liable for any personal injury or damage to our equipment, which occurs, on your property.

The samples from your well will be analyzed for the following pesticides: atrazine, bromacil, diuron, hexazinone, norflurazon, prometon, simazine, \_\_\_\_\_. They may also be analyzed for other pesticides used in California. You will be notified of the results in approximately eight weeks.

Should questions or problems arise, please call (collect) the Environmental Hazards Assessment Program at **(916) 324-4039** and ask for the **Well Information Contact**

\_\_\_\_\_  
Environmental Monitoring

**X** \_\_\_\_\_ Owner ( ), Manager ( ), or \_\_\_\_\_  
Signature Granting Permission

=====WELL INFORMATION=====

Study # \_\_\_\_\_ Location Code \_\_\_\_\_ State Well No. (T/R-S/Seq No.) \_\_\_\_\_

Sampling Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Owner \_\_\_\_\_

Tenant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person \_\_\_\_\_

Well Information: Depth \_\_\_\_\_ ft., Year drilled \_\_\_\_\_, other \_\_\_\_\_

Is this the original well owner? Yes ( ) No \_\_\_\_\_

Has this well ever tested positive for other chemicals? No ( ) Yes \_\_\_\_\_

Are there any other wells on the property? No ( ) Yes \_\_\_\_\_

